




Applicant : Robert E. Johnson  
Appln. No. : 09/996,506  
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- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. \_\_\_\_\_ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2.   x   No additional fee is required.
3. \_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is attached.
4.   x   Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON

Aug 12, '03  
Date

  
\_\_\_\_\_  
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DLG/dlc